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CONFIRMATION NO. 5231

<b>SERIAL NUMBER</b> 10/687,515	<b>FILING OR 371(c) DATE</b> 10/16/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 1600/162
<b>APPLICANTS</b> Brian L. Newton, Woonsocket, RI; Andrew L. Cote SR., Merrimack, NH;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/422,074 10/29/2002				
<b>** FOREIGN APPLICATIONS *****</b> NONE <i>mam 9/29/06</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 01/20/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>mel k me</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 20
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 2101				
<b>TITLE</b> Positive push medical valve with internal seal				
<b>FILING FEE RECEIVED</b> 950	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	